

<b>Case Number:</b>	CM15-0195309		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female who sustained an industrial injury on 04-01-2009. According to a progress report dated 08-24-2015, the injured worker reported neck pain that radiated down the bilateral upper extremities. She reported frequent and severe muscle spasms in the left neck area. She reported low back pain that radiated down the bilateral lower extremities left greater than right. Pain was accompanied by numbness frequently in the left lower extremity to the level of the thigh. She reported upper extremity pain, pain bilaterally in the shoulders, lower extremity pain, pain in the left hip and pain bilaterally in the legs. Pain was rated 10 on a scale of 1-10 on average with and without medications since the last visit. Pain was reported as worsened since her last visit. The provider noted that the injured worker was status post left suprascapular nerve block on 06-12-2015. The injured worker reported 50% overall improvement and improved mobility. Duration of improvement was continuing. She reported that the use of chiropractic therapy and current opioid medication was helpful. She reported 50% improvement due to this therapy. Areas of functional improvement as a result of the above therapy included: ability to attend church, bathing, brushing teeth, combing and washing hair, driving and shopping. She reported that quality of life had been improved. She wished to continue therapy. Complaints of occipital headaches were noted. MRI of the cervical spine on 05-21-2012 showed C3-4 level with a 2 mm paracentral disc protrusion. There was no evidence of significant cord impingement. Disc desiccation was noted. Diagnoses included chronic pain other, cervical radiculopathy, lumbar radiculitis, status post fusion lumbar spine L5-S1, right shoulder pain, status post left shoulder surgery, headaches, cervicgia and rule out left hip derangement. Specific medications tried and failed in the past included Biofreeze, Flexeril, Ibuprofen, Norco, Percocet and Tramadol. The injured worker was awaiting scheduled appointment for the procedure on the left, suprascapular

nerve block and chiropractic therapy. The injured worker was currently not working. Procedure requests included occipital nerve block and urine drug screen. Additional treatment recommendations included chiropractic care (awaiting authorization). Medications included renewal of Ibuprofen, Tizanidine and Tylenol #3. On 09-21-2015, Utilization Review non-certified the request for bilateral greater occipital nerve blocks, urine drug screen and chiropractic therapy for the left shoulder x 8 sessions and authorized the request for Ibuprofen and Acetaminophen-Codeine. Tizanidine was non-certified, but was not listed on the IMR application.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Bilateral greater occipital nerve blocks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Greater occipital nerve blocks.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and state that it is under study and the evidence for this is weak, but the Guidelines do not disallow them. Under these circumstances a trial injection is supported by Guidelines, but repeat injections should meet Guideline criteria for other questionable injection therapies (trigger point or epidurals) i.e. at least 50% improvement in pain for 6 weeks. An initial bilateral greater occipital nerve block is consistent with Guidelines and is medically necessary.

#### **Urine Drug Screen: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine drug screens.

**Decision rationale:** MTUS Guidelines support periodic drug screens if opioids are utilized on a long term basis. The ODG Guidelines provide additional details regarding the type and frequency of screening. For individuals who are low risk for misuse, the Guidelines recommend annual screening only. The records sent for review do not provide any evidence of a prior screen within the past 12 months. Under these circumstances, the requested urine drug screen is consistent with Guidelines and is medically necessary.

#### **Chiropractic therapy for the left shoulder x 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** MTUS Guidelines allow for a trial of up to 6 sessions of chiropractic to provide objective evidence of functional improvements and impacts on other treatment i.e. diminished need for medications or returning to work etc. This individual has had 4 sessions and there are general statements of improved ADLs however, these are not specific to the chiropractic and there are no objective improvements in ROM or strength and pain levels are reported to have increased with a need for additional treatment. Under these circumstances, the request for Chiropractic therapy for the left shoulder x 8 sessions is not supported by Guidelines and is not medically necessary.